MAY 1 8 2006 P.O. Box 1450

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Telephone: (954) 828-1488; Facsimile: (954) 828-9122

Alexandria, VA 22313-1450

Application No:

10/706,525

Examiner:

Michael F. Peffley

Applicant(s):

Marwan Abboud, et al.

Group Art Unit:

3729

Filing Date:

11/12/2003

Entitled:

CRYOABLATION CATHETER HANDLE Attorney Docket No.

21819-119CONCON

Certificate of Mailing (37 C.F.R. 1.8(a))

I hereby certify that this correspondence is being deposited with the United States Postal Service Post Office as first-class mail in an envelope addressed to: Mail Stop AF, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date set forth below.

May 16, 2006

Roberta Sherman

Date of Signature and Mail Deposit

Name of Person Signing

Signature

Sir:			-		
The following checked	a Reply to the Final Office A items are applicable: ormal drawings, FIGS.).		
A Terminal Disclai small-entity terminal di	mer to Obviate a Double Pate sclaimer fee of \$65.00.	nting Rejection Over a Prior	Patent is herewith e	nclosed, as well as the	
A Petition for Extenderewith enclosed.	nsion of Time and the small-e	ntity extension fee of \$60.00	for filing a response	within the first month	
Copy of Notice of C	Change of Correspondence Ad	ldress is enclosed.			
CLAIMS AFTER AMENDMENT:	MINUS PRIOR PAID CLAIMS:	EQUALS PRESENT EXTRA CLAIMS:	RATE:	ADDITIONAL FEE:	
Independent: 1	4	0	x \$ 200.00 =	\$ 0	
Total: 8	23	0	x \$ 50. 00 =	\$ 0	
Multiple Dependent Clai	ms (1st presentation)	. + \$ 360.00=	\$ 0		

CLAIMS:	EXTRA CLAIMS:	RATE:	ADDITIONAL FEE:	
4	0	x \$ 200.00 =	\$	0
23	0	x \$ 50. 00 =	\$	0
Multiple Dependent Claims (1st presentation) + \$ 360.00=				0
SUBTOTAL ADDITIONAL FEE				0
Small Entity filing, divide by 2.				
TOTAL ADDITIONAL FEE				0
	4 23 1st presentation)	CLAIMS: EXTRA CLAIMS:	CLAIMS: EXTRA CLAIMS: RATE: 4 0 x \$ 200.00 = 23 0 x \$ 50.00 = 1st presentation) + \$ 360.00 = SUBTOTAL ADDITIONAL FEE 2.	CLAIMS: EXTRA CLAIMS: RATE: AD 4 0 x \$ 200.00 = \$ 23 0 x \$ 50.00 = \$ 1st presentation) + \$ 360.00 = \$ SUBTOTAL ADDITIONAL FEE \$ 2. \$

The fee has been calculated above; enclosed is a check in the amount of §

A self-addressed, stamped postcard for verification and receipt is enclosed.

The Commissioner is hereby authorized to credit overpayments or charge payment of any additional fees associated with this

communication to Deposit Account No. 502104.

Date: May 16, 2006

Attorney of Record: Alan M. Weisberg

Registration No: 43,982 Customer No.: 31292



Certificate of Mailing (37 C.F.R. 1.8(a))

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Roberta Sherman
Name of Person Mailing Paper

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May 16, 2006
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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Serial Number:

10/706,525

Filing Date:

November 12, 2003

Applicant(s):

Marwan Abboud, et al.

Entitled:

Cryoablation Catheter Handle

Examiner:

Michael F. Peffley

Group Art Unit:

3729

Attorney Docket No.:

21819-119CONCON

Mail Stop AF Commissioner For Patents P.O. Box 1450 Alexandria, VA 22313-1450

AMENDMENT AFTER FINAL REJECTION UNDER 37 C.F.R. §1.116

Sir:

In response to the Final Office Action dated April 24, 2006, please amend and reconsider the above-identified Patent Application as follows, pursuant to 37 C.F.R. §1.116: